

Commonwealth of Virginia  
 Department of Professional and Occupational Regulation  
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**Common Interest Community Board  
 COMMUNITY ASSOCIATION REGISTRATION APPLICATION**

**A check or money order payable to the *TREASURER OF VIRGINIA* must be mailed with this form.  
 PLEASE TYPE OR PRINT. THE ENTIRE FORM MUST BE COMPLETED.**

The following fees are required for registration:

<b>Application Fee</b>	\$
Enter appropriate fee from table below.	
<b>Annual Assessment</b> (§§ 55-516.1.C, 55-79.93:1.C, 55-504.1.C of the Code of Virginia)	
Enter amount from Calculation Chart on page 2.	(+)
<b>Recovery Fund Fee</b> (§ 55-530.1.B of the Code of Virginia)	(+)
<b>TOTAL AMOUNT ENCLOSED</b>	\$ \$ 25.00 \$

Please check the applicable box

Number of Units/Lots	Fees	X	Number of Units/Lots	Fees	X	Number of Units/Lots	Fees	X
1 - 50	\$45	<input type="checkbox"/>	201 - 500	\$135	<input type="checkbox"/>	1001 - 5000	\$165	<input type="checkbox"/>
51 - 100	\$65	<input type="checkbox"/>	501 - 1000	\$145	<input type="checkbox"/>	5000 +	\$180	<input type="checkbox"/>
101 - 200	\$100	<input type="checkbox"/>						

- Has this association previously filed with the Virginia Common Interest Community Board?  
☐ No    ☐ Yes    If yes, please enter the certificate number.    **0 5 5 0** \_\_\_\_\_
- Full Name of Association \_\_\_\_\_
- Website Address of Association (if available) \_\_\_\_\_
- Is the association incorporated?    No ☐    Yes ☐
- Is the Association:    Property Owners ☐    Residential Condo ☐    Cooperative ☐
- Association's Federal Tax Identification No. \_\_\_\_\_ (Number used when filing taxes)
- Zip Code of Association \_\_\_\_\_
- a. Declaration Recorded (MM-YY) \_\_\_\_\_ CITY/COUNTY \_\_\_\_\_  
 b. Is the Association under Declarant (Developer) Control?    Yes ☐ No ☐    If no, date association transferred to owners \_\_\_\_\_  
 c. Total Number of Units/Lots \_\_\_\_\_
- Month of Annual Meeting\Board Election \_\_\_\_\_

OFFICE USE ONLY	DATE	FEE	CLASS OF FEE	LICENSE NUMBER	ISSUE DATE
				<b>0 5 5 0</b>	

- a. Name of Contact Person (To receive inquiries on behalf of the community) \_\_\_\_\_

b. Mailing Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_

c. Telephone Number (     )     -     Is this a private ☐ or public ☐ number?  
 Telephone \_\_\_\_\_

11. a. Is the association self-managed? ☐ OR under contract with a professional? ☐ If under contract, please answer 10b  
 b. Name of Management Company or other professional \_\_\_\_\_  
 c. Website Address of Management Company (if available) \_\_\_\_\_

12. \_\_\_\_\_  
 Signature of Representative Title Date

### Annual Association Assessment Calculation Chart

1.	<b>Association's gross assessment income during the preceding calendar year.</b> Supporting documentation must accompany this application. This may include copies of financial statements, receipts, or other documentation that provides the actual assessments received during the preceding calendar year.	\$
2.	<b>0.02% of amount in Item 1 above.</b> Multiply amount in Item 1 by 0.0002	\$
3.	<b>If the amount in Item 2 is less than \$1,000, please insert amount in Line 2 on page 1.</b>	
4.	<b>If the amount in Item 2 is greater than \$1,000, please insert \$1,000 on page 1.</b>	

### MEMBERS OF CURRENT BOARD OF DIRECTORS & OFFICERS

(If more space is needed, attach additional sheets of paper with certificate number.)  
Please provide physical addresses, not post office boxes.

Name _____	Name _____
Title _____	Title _____
Address _____	Address _____
_____	_____
Name _____	Name _____
Title _____	Title _____
Address _____	Address _____
_____	_____
Name _____	Name _____
Title _____	Title _____
Address _____	Address _____
_____	_____